ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT

ANNUAL PLAN 2003 – 2004

October 01, 2003 – September 30, 2004

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT

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I. Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (Division) Quality Management and Utilization Management (QM/UM) Plan outlines the systematic approach undertaken by the Division to monitor and evaluate the service delivery system in order to promote improvement in the quality of care provided to enrolled members. Activities outlined in this plan will involve implementation of action plans and activities designed to improve quality. This plan includes efforts undertaken by the Division as well as contractors that complies with Federal, State and AHCCCS requirements. Trends are identified through analysis of data obtained through monitoring activities, problem resolution, utilization data and other mechanisms. These trends will be addressed through quality improvement initiatives by partnering efforts with contractors or as directed by the Division.

The Division undertakes monitoring and evaluation activities as described in the Division's workplan. Monitoring and evaluation activities will be from a statewide perspective and specific to each contractor. The Division's contractors will monitor services and service sites as directed by the Division. Through identification of areas in need of improvement, the Division will implement or require actions to improve care.

The following sections more specifically describes the structure and process of the Division's QM/UM Program.

II. Scope of Plan

The Division's QM/UM Plan encompasses activities of the Division along with those of contractors for quality improvement of Arizona's public behavioral health system. This plan identifies both internal (Division) and external (contractor) monitoring and evaluation activities. Contractors are required to submit QM/UM plans that cover all aspects of this plan along with other RBHA-specific activities. Plans must be approved by the Division prior to implementation.

III. Structural Framework and Communication

QM/UM activities and communications are conducted through various mechanisms throughout the Division. The information contained in Section III identifies the committee structure of the Division in relation to QM/UM functions. Committees, teams and meetings are identified by the following functions: *oversight, cross- functional, clinical, QM/UM, contractor and stakeholder*. Attachment 1 depicts the committee structure and communication flow for the Division.

A. Oversight

Core Management Team

The Core Management Team is the governing and policy making body of the Division. This Team oversees and provides strategic direction for the Division, monitors T/RBHAs through subordinate reports, reviews AHCCCS deliverables and policy options, ensures contract compliance with AHCCCS and the T/RBHAs. The Core Management Team oversees all QM/UM activities and provides direction for QM/UM processes. The Division's organizational chart is included in Attachment 2.

Membership:

- Deputy Director (Chairperson)
- Medical Director
- Associate Medical Director
- Bureau Chief, Finance
- Bureau Chief, Consumer Rights
- Division Chief, Compliance
- Bureau Chief, Quality Management and Evaluation
- Chief of Clinical Services
- Policy Advisor

Meeting Frequency: Weekly

B. Cross Functional

Management Team

Meetings serve as a communication mechanism relating to items such as budget, personnel and other operational issues. Information obtained in this setting is further communicated and disseminated to Division staff.

Membership:

- Deputy Director (Chairperson)
- Medical Director
- Associate Medical Director
- Division Chief, Compliance
- Bureau Chief, Consumer Rights
- Manager, Grievance and Appeals
- Manager, Human Rights
- Bureau Chief, Finance
- Bureau Chief, ITS
- Manager, Tribal Relations
- Manager, Business Operations
- Manager, Financial Review
- Bureau Chief, Quality Management and Evaluation
- Manager, Business Information Systems
- Manager, Quality Management
- Manager, Research and Evaluation
- Chief of Clinical Services
- HB2003 Coordinator
- Bureau Chief, Adult Services
- Manager, Adult Services
- Bureau Chief, Children's Services
- Manager, Children's Services
- Children's Collaborators
- Bureau Chief, Substance Abuse and Prevention Treatment
- Manager, Substance Abuse
- Manager, Prevention
- Policy Advisor
- Manager, Policy Office
- Training Unit Coordinator
- Contract Specialist
- Utilization Management Manager

Meeting Frequency: Weekly or as needed

Policy Committee

The Policy Committee is responsible for the review and development of ADHS/DBHS policy contained within the ADHS/DBHS Provider Manual and Policy and Procedure Manual.

Membership:

- Medical Director
- Associate Medical Director
- Bureau Chief, Finance
- Bureau Chief, Consumer Rights
- Division Chief, Compliance
- Bureau Chief, Quality Management and Evaluation
- Chief of Clinical Services
- AHCCCS Representative
- Policy Advisor
- Manager, Policy Office
- Policy Analysts

Meeting Frequency: Monthly, more often if needed

C. Clinical and Network

Clinical Coordinators Committee

The Clinical Coordinators Committee provides direction to the Division in order to improve the overall quality of care provided to enrolled members. The Committee is responsible for reviewing issues in the behavioral health system, including clinical guidance documents, and development of actions targeted to improve the overall quality of care provided to members.

Membership:

- Chief of Clinical Services (Co-Chairperson)
- Medical Director (Co-Chairperson)
- Associate Medical Director
- Division Chief, Compliance
- Bureau Chief, Quality Management and Evaluation
- Manager, Quality Management
- HB2003 Coordinator
- Bureau Chief, Adult Services
- Manager, Adult Services
- Bureau Chief, Children's Services
- Manager, Children's Services
- Children's Collaborators
- Bureau Chief, Substance Abuse and Prevention Treatment
- Manager, Substance Abuse
- Manager, Prevention
- Policy Advisor
- Policy Office Manager
- Training Unit Coordinator

Meeting Frequency: Bi-monthly

RBHA Teams

RBHA Teams are composed of staff at various levels from the different areas of the Division. The primary focus of the RBHA teams is to review data and share information about the respective T/RBHAs. The teams are designed to improve the working knowledge of Division staff. Information and knowledge sharing augments Division day-to-day operations and the Administrative Review process by providing key indicator information to staff on a regular basis.

Members:

- Team Leader (Chairperson)
- Member of the Core Management Team
- Representation for each functional area of the Division

Meeting Frequency: Monthly

Network Analysis Teams *(Subcommittee of the RBHA Teams)*
Network Analysis Teams are T/RBHA-specific. Teams conduct data analysis, utilizing multiple data sources, to determine issues in the T/RBHA network, including gaps. Teams review T/RBHA submitted network analysis plans. Information obtained through the analysis process is communicated to the Network Development Teams for consideration at T/RBHA meetings.

Membership:
- Members of Clinical Services
- Utilization Management Manager

Meeting Frequency: Monthly, more often if needed

Network Development Teams *(Subcommittee of the RBHA Teams)*
Network Development Teams are T/RBHA-specific. Teams are provided information from analysis conducted by Network Analysis Teams. Based on this information, Teams conduct regular meetings with T/RBHAs in order to improve network sufficiency.

Membership:
- Members of Clinical Services
- Utilization Management Manager

Meeting Frequency: Monthly, more often if needed

Cultural Competency Committee
The Cultural Competency Committee leads efforts to embed cultural competence into the behavioral health system and programs by providing leadership and engaging the community's participation and identifying clinical tools for organizations and individual clinicians.

Membership:
- Manager, Substance Abuse (Chairperson)
- Representation from most functional area of the Division
- RBHA and Provider Representation

Meeting Frequency: Monthly, more often if needed

D. Quality Management / Utilization Management

Quality Management and Utilization Management Committee

The Quality Management and Utilization Management Committee (QM/UM Committee) is comprised of key individuals from throughout the Division. The Committee operates under direction of the Division's Core Management Team and with input from contractors/providers and stakeholders, including consumers. The role of the Committee is to serve as the focal point for coordination, review and dissemination of QM/UM data and activities within the Division and to make recommendations for action based upon the analysis and trending of data. RBHAs in turn are expected to communicate with their subcontracted providers and convey that level of information to ADHS through various contractor meeting. The activities planned and undertaken by the Division are identified in the workplan. (Attachment 3)

Membership:

- Medical Director (Chairman)
- Bureau Chief, Adult Services
- Bureau Chief, Children's Services
- Bureau Chief, Consumer Rights
- Bureau Chief, Finance
- Bureau Chief, Quality Management and Evaluation
- Manager, Policy Office
- Manager, Quality Management
- Manager, Utilization Management
- Program Representative and consumer, Adult Services
- Utilization Management Nurse

Qualifications of QM/UM Committee Members are in the form of resume/curriculum vitae, which are kept on file.

Meeting Frequency: Quarter at minimum, more often if needed

Pharmacy and Therapeutics Committee *(Subcommittee of the QM/UM Committee)*
This Committee develops, revises, updates, implements and monitors the ADHS medication formulary and medication-related practices, policies and procedures. Responsibilities include assurance that an adequate array of psychotropic medication is available, review of all newly FDA approved psychotropic medications, and overall monitoring of the use of psychotropic medications.

Membership:

- Medical Director (Chairperson)
- Associate Medical Director
- Certified Psychopharmacologist / Registered Pharmacist
- Chief of Clinical Services
- Utilization Management Nurse
- Quality Management Staff

Meeting Frequency: Monthly or as needed

Mortality and Morbidity Committee *(Subcommittee of the QM/UM Committee)*
The Mortality and Morbidity Committee conducts confidential quality of care investigative reviews of adults with serious mental illness and others as indicated, who have experienced significant adverse clinical outcomes of care or death while enrolled in the behavioral health system. Findings are used to target improvement activities on an individual basis and aggregate data is used to identify trends. Identified trends are then targeted for improvement if indicated.

Membership:

- Medical Director (Chairperson)
- Bureau Chief, Adult Services
- Bureau Chief, Quality Management and Evaluation
- Manager, Grievance and Appeals
- Utilization Review Nurse

Meeting Frequency: Bi-weekly and more often if needed

E. Contractor

RBHA CEO Meetings

This is a forum for the ADHS and RBHA CEOs to discuss and troubleshoot system problems with a focus on quality of care issues, as well as financing of the behavioral health system. This meeting is also utilized for communication regarding critical issues in the oversight of RBHA operations.

Membership:

Deputy Director (Chairperson)
Medical Director
Associate Medical Director
Bureau Chief, Finance
Bureau Chief, Consumer Rights
Division Chief, Compliance
Bureau Chief, Quality Management and Evaluation
Chief of Clinical Services
Policy Advisor
CPSA CEO
NARBHA CEO
PGBHA CEO
The EXCEL Group CEO
ValueOptions CEO

Meeting Frequency: Monthly

RBHA Medical Directors Committee

The RBHA Medical Directors Committee provides statewide behavioral health medical policy direction and coordination. The Committee is designed to improve medical quality of care by providing a forum for communications among the Medical Directors regarding medical policies and procedures and their implementation, receiving input regarding the ADHS medication formulary and improving medication practives, and providing leadership regarding complex medical, clinical, and administrative issues.

Membership:

Medical Director (Chairperson)
Associate Medical Director

Medical Directors from each RBHA
Medical Directors of selected agencies associated with ADHS

Meeting Frequency: Monthly

RBHA QM Coordinators Committee

This committee serves as the primary conduit for QM/UM communications between the Division and T/RBHAs. QM/UM information is discussed and disseminated in this forum. In addition, corrective action plans / improvement activities are discussed and monitored, and updated.

Membership:

- Bureau Chief of Quality Management & Evaluation (Chairperson)
- Quality Management Manager
- Utilization Management Manager
- RBHA QM Coordinators/Leadership

Meeting Frequency: Monthly

RBHA CFO Meeting

This meeting encompasses the contractual relationship with subcontracted RBHAs and serves as a communication mechanism for financial issues. This is a forum for discussion and troubleshooting systems' financial problems.

Membership:

- Bureau Chief for Finance (Chairperson)
- RBHA representatives

Meeting Frequency: Monthly

RBHA ITS Meeting

This meeting encompasses the contractual relationship with subcontracted RBHAs and serves as a communication mechanism for information technology issues. Data system and other changes are discussed and action plans are developed if needed. This meeting is also used for training and technical assistance.

Membership:

- Information Technology Service Chief (Chairperson)
- RBHA representatives

Meeting Frequency: Monthly

RBHA Training Coordinators Meeting

The purpose of this meeting is to communicate and discuss issues related to ADHS and contractor training.

Membership:

Training Coordinator
RBHA Training Coordinators

Meeting Frequency:

Annually, more often if needed

Oversight Committee for Persons with Serious Mental Illness

This Committee provides oversight and direction for the Maricopa County RBHA system regarding the Arnold v. Sarn requirements and implementation of strategic plans.

Membership:

ADHS Clinical Services Director (Chairperson)
ADHS Medical Director
ADHS Bureau Chief for Adult Services
ADHS Bureau Chief for Quality Management
RBHA Representatives

Meeting Frequency:

Monthly

F. Stakeholder

Behavioral Health Planning Council

The Planning Council advocates for consumers and family members and provides input into the behavioral health systems. This input is utilized for planning and improvement purposes.

Membership:

Membership includes consumers, family members, providers, state agency representatives and other interested parties.

Meeting Frequency: Monthly

Human Rights Committees

The Human Rights Committee are a group of volunteers consisting of consumer, family members and caring professionals that provide independent oversight of public funded mental health services for adults with serious mental illness and children. There is one committee per service area (RBHA) and one for the State Hospital. They review incident and accident reports and seclusion and restraint reports, conduct site visits to residential facilities, review Division policies and procedures, address concerns brought up by the public, -review research, and make recommendations for action by the ADHS and RBHAs

Membership:

Consumers, Family members, and others

Meeting Frequency: Monthly

IV. Quality Management/Utilization Management Workplan and Activity Prioritization

Activities undertaken in the QM/UM process are described in the QM/UM workplan. (Attachment3) The activities identified in the workplan serve as the direction and focus of the Division's QM/UM program. Workplan activities include measurable objectives, data source, responsibility and target dates. Many of the activities listed in the workplan are strategic initiatives from the Division's Strategic Plan. Each initiative represents significant activities undertaken by the Division and involves relevant stakeholders.

Activities identified in the workplan will be evaluated at least annually. Results of the annual evaluation along with other information and new developments are used to inform activities for the upcoming year. The Core Management Team determines priorities for the Division.

Quality Management Plan

I. Introduction

The following sections identify policies and other practices that the Division undertakes in the Quality Management program. Contractors are required to follow Division policies and procedures and must describe their practices in the annual QM/UM Plans.

II. Monitoring and Evaluation Activities

As a part of the overall QM process and in addition to overall workplan activities, RBHAs monitor their subcontracted providers on a regular basis as approved by ADHS. Each RBHA submits a QM/UM Plan including a detailed provider monitoring plan and schedule. RBHA QM/UM Plans are reviewed and approved by ADHS prior to implementation. At minimum, RBHAs will utilize known data concerning subcontracted providers in the provider monitoring process. At minimum, RBHAs will monitor the following services and service sites:

Services	Service Site
• Treatment Services • Rehabilitation Services • Medical Services • Family Support • Support Services including case management • Crisis Intervention Services • Inpatient Services • Residential Services • Behavioral Health Day Programs	• Outpatient Clinic • Level I Hospital • Level I Psychiatric Hospital • Level I Subacute Facility • Level II Behavior Health Residential • Level III Behavioral Health Residential • Therapeutic Foster Care Home • Community Service Agency

The purpose of this process is to monitor and evaluate the service delivery system in order to promote improvement in the quality of care provided to enrolled members. ***(Monitoring should not duplicate activities conducted by other entities, i.e. Arizona Department of Health Services/Division of Assurance and Licensure Services)***

For service sites that deliver services to individuals with serious mental illness, the contractor shall review whether the facility is assessing the need for special assistance and addressing that need if indicated. If the service site is not performing these tasks, the contractor shall provide training and technical assistance or require improvement activities as needed.

The method and frequency of monitoring will be proposed by each RBHA as indicated above. Each RBHA is expected to propose a plan of provider monitoring that will minimally include an annual desk audit of services and service sites listed above. The desk audit should contain a review of information submitted to the RBHA including incident/accident reports, problem resolution, mortalities, and other information relevant to the provider. In the event that questions arise from the desk audit, the RBHA should schedule a site visit.

In addition to the desk audit, an on-site review will be conducted based on a frequency needed to improve quality of services to members. RBHAs will consider risk factors, data from previous monitoring, service utilization, problem resolution and other sources when proposing the on-site monitoring activities and schedule. RBHAs will also develop a mechanism for a focus visit to provider sites as a result of concerns surfaced through various data sources collected by the RBHA.

When problems or areas in need of improvement are identified, the RBHA may require the subcontracted provider to develop action plans or workplans for taking appropriate actions in order to improve care. The plan, as needed, should include action(s) to be taken, which may include: education; follow-up monitoring/evaluation of improvement; changes in processes, structures, forms; informal counseling; and/or terminating affiliation with the provider. RBHAs will provide technical assistance as needed and track/monitor the contractor's improvement activities. Information from this process will be considered in the next contractor monitoring cycle.

The Annual Administrative Review will monitor contractors monitoring and evaluation activities.

III. Improvement Activities and Corrective Action Plans

Through various data collection and monitoring activities, the Division will identify areas in need of improvement. Depending upon the area, improvement activities will be incorporated into existing mechanisms such as the Division's Strategic Plan and other processes throughout the Division. The Core Management Team prioritizes activities undertaken by the Division. Items requiring corrective action plans from subcontracted T/RBHAs are monitored through the QM/UM Committee and Division as a whole.

Subcontracted RBHAs shall utilize multiple data sources for decision-making and developing action targeted to improve the quality of care. Sources of data include that

provided by ADHS, Department of Economic Security/Division of Children, Youth and Families (DES/DCYF), other stakeholders and data generated by the RBHA.

ADHS has adopted a standard process and format that will provide a structure within which performance improvement can be readily obtained and maintained. The model of performance improvement that should be considered is as follows:

Identify The Area For Improvement

- Identify the problem area, the scope of the problem, and the focus of the effort to resolve the problem

Make A Team

- Establish a workgroup to take on the performance improvement activity. The composition of the workgroup may change over the course of the activity.

Prioritize Possible Causes

- Identify the causal factors that contribute to the problem area. Analyze the causal factors to attempt to get to the root cause of the problem area identified. Utilize available data and other sources of information to assist in the process.

Research Possible Solutions

- Considering the causal factors that have been identified, develop a list of potential practical solutions that will address the causal factors and result in improvement of the problem area identified.

Organize And Implement A Plan Of Action

- Develop a specific and detailed plan of action to implement the solutions that have been identified. For each solution, identify the specific steps that are needed to implement the solutions, including proposed timelines for completion. Consider what data could be collected and analyzed to measure the outcome of the performance improvement process.

Validate The Effectiveness Of Actions Taken

- Collect and analyze data pertaining to the area of performance improvement. Consider a wide array of outcome measures that can be use to assess the effectiveness of the plan of action. Consider what action steps may need to be changed or redirected to help assure achievement of the goals of the performance improvement plan.

Execute and Standardize The Action Plan

- Considering the outcomes achieved, identify what additional steps and quality assurance activities may be necessary to assure that the improvements that have been obtained can be sustained over time.

This structure for performance improvement activities can help guide the process and maintain an organized flow of activities to better achieve the ultimate goals of the improvement effort.

IV. Delegated Functions

The ADHS delegates a number of functions to contractors. Although delegated, the Division provides oversight and has ultimate accountability for all delegated functions. The Annual Administrative Review serves as the focal point for delegated function monitoring. Contractors are allowed to delegate certain responsibilities in the ADHS/RBHA contract. If the Contractor chooses to delegate functions, they must provide adequate oversight of the subcontractor's performance and require improvement activities if indicated. ADHS requires each Contractor to identify delegated functions and their oversight of the subcontractor's performance during the Annual Administrative Review.

V. Member Rights and Responsibilities

The Division has developed a standard template for the Member Handbook, which contains member rights and responsibilities. Member handbooks are disseminated when a member is enrolled.

VI. Medical Records and Communications

ADHS Policy 1.10, Behavioral Health Record Requirements, *(in effect until December 31, 2003, thereafter, Provider Manual Section 4.2, Behavioral Health Medical Record Standards)* establishes the standards for medical records. ADHS bases the ICR and portions of the Annual Administrative Review on the T/RBHA/provider medical record and its contents. If problems with medical records or communications are identified, ADHS works with RBHAs to correct the problem.

VII. Credentialing and Recredentialing

The Credentialing and Recredentialing process is a delegated function to T/RBHAs and is monitored through the Annual Administrative Review of the T/RBHAs. As a part of the Division's Strategic Plan, ADHS established processes that are contained in the Provider Manual, Section 3.20, Credentialing and Privileging (effective January 01, 2003).

VIII. Abuse and Complaint Tracking/ Problem Resolution

Please refer to ADHS Policy 2.67, Problem Resolution and ADHS/DBHS Policy 2.16, Appeals Process for Persons Receiving Services. Information obtained through theses processes is tracked and trended on a quarterly basis. The Division addresses cases on both an individual and systemic basis. Immediate action is taken concerning individual cases as needed. Problem Resolution and other sources of data are utilized by Network Analysis and Development Teams and in development of the Annual Consumer Complaint Report.

IX. Quality Improvement Projects (QIPs)

The Division will identify Quality Improvement Projects (QIPs) through data collection, monitoring and analysis. QIPs are intended to measure performance in the focus area, undertake system interventions to improve quality and evaluate the effectiveness of those interventions. Topics are selected through the following mechanism:

a) Internal surveillance and service delivery monitoring
b) Credentialing/Recredentialing
c) Tracking and trending of complaints/allegations
d) Member and/or provider satisfaction surveys, or
e) Other mechanisms.

The Division follows the structure and requirements for QIPs according to AHCCCS Medical Policy Manual Chapter 900, Quality Management and Quality Improvement Programs.

X. Annual Evaluation

An appraisal of the QM/UM Plan and workplan activities is conducted on an annual basis. Findings from this evaluation serve to inform the overall QM/UM system for the upcoming year.

Utilization Management Plan

I. Introduction

The following sections identify policies and other practices that the Division undertakes in the Utilization Management program. Contractors are required to follow Division policies and procedures and must describe their practices in the annual QM/UM Plans.

II. Prior Authorization and Concurrent Review

Prior Authorization and Concurrent Review is a delegated function to RBHAs. However, RBHAs must obtain approval from ADHS prior to subjecting services other than Level I to prior authorization. RBHAs must comply with AHCCCS Medical Policy, Chapter 1000, Utilization Management. The Division reviews this process through the Annual Administrative Review of the T/RBHAs. If areas in need of improvement are identified, RBHAs are required to submit a plan of correction, which is approved by ADHS and monitored to completion.

In an emergency, prior authorization is not required. For utilization review, the test for appropriateness of emergency services shall be whether a prudent layperson, similarly situated, would have requested such services. ADHS Policy 2.11, Prior Authorization describes the overall process.

III. Discharge Planning and Referral Management

Both discharge planning and referral management are delegated functions to subcontracted RBHAs. The Provider Manual**,** effective January 01, 2003, contains details of this process for providers. ADHS discusses referrals, discharge planning and follow-up as a part of the Annual Administrative Review. Other sources of monitoring these functions are through problem resolution, grievance/ appeals and requests for hearing. Actions are taken on behalf of individual members and at a systemic level if indicated.

IV. Claims and Encounters Review

The Office of Program Support publishes the Program Support Procedures Manual, which outlines provisions for daily, weekly and monthly claims and encounters processing. This manual includes operations details and description of the interface between RBHAs, ADHS and AHCCCS, along with a description of monitoring processes undertaken by the Division. Monitoring includes data validation along with fraud and abuse review. Training and technical assistance is provided as needed.

V. Drug Utilization Patterns

The QM/UM Committee will monitor the contractor's psychotropic drug utilization to assure the safe and effective use of these medications. This will include informed consent, monitoring of high-risk medications, polypharmacy, side effects and adverse drug reactions, and medication errors. The contractor must comply with requirements of the ADHS Provider Manual.

On an annual basis, the Division will select one aspect of psychotropic medication utilization to review, and report. The QM/UM Committee will analyze reported findings, report the analysis to the Clinical Coordinators Committee and Core Management Team, and request corrective action plans as needed from contractors for those not achieving an acceptable level as determined by the Division.

VI. Case Management

The QM/UM Committee will monitor contractor's provision of Case Management and Clinical Liaison services to assure that medically necessary covered services are overseen and coordinated. On an annual basis, an Independent Case Review will examine a sample of cases to assure that each member has a clinical liaison who is actively involved in performing assigned duties, and that case managers effectively assist the consumer. Finding will be reported to the Division's Network Analysis and Development Teams that will analyze findings. Corrective action plans will be required as needed from Contractors for those not achieving an acceptable level as determined by the Division.

VII. Monitoring of Underutilization and Overutilization

Service utilization by covered service category and subcategory is reviewed by the Clinical Coordinators Committee, RBHA Teams and Network Teams on a quarterly basis. This information will be used by the Division to identify services that are either under or over utilized. This will allow informed decision-making and a direction for needed training, technical assistance and network development. Subcontracted RBHAs are also required to monitor both over and underutilization and make decisions/take actions as needed.

VIII. Developing Practice Guidelines

The Division will assure that evidence-based Practice Guidelines and other Clinical Documents encouraged or developed by the Division are disseminated for use as a reference for contractors in providing care for the specific population affected. The Clinical Coordinators Committee will review findings from the Independent Case Review on Functional and Symptomatic Improvement. If indicated, the Division will require corrective action plans from contractors for those not achieving an acceptable level as determined by the Division. In addition, clinical leadership will develop Performance Improvement Protocols and Technical Assistance Documents as needed.

IX. Evaluating New Medical Technologies And New Uses Of Existing Technologies

The Pharmacy and Therapeutics Committee will monitor contractors to ensure that new and approved psychotropic medications are reasonably available for consumer use, and that unreasonable barriers are not adopted to prohibit or unreasonably limit access. On an annual basis, the QM/UM Committee will review the contractor's implementation methods for any new approved medications.